Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>02-13-07</u>	Address:	Alamo Road
Case #:	<u>34-32332</u>		
County:	<u>Perry</u>		
Type of Laboratory Scizure (check one)		Seizure Location (cheek all that apply)	
	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel☑ Open – No Structure☐ Other:
Check all the Lithium Red Photo Flamma Water H Mandre Mandre Corrosi Corrosi Corrosi	nd: Location (bedroom, kitchen, open at apply) n/Ammonia Reaction(s): osphorous/Iodine Reaction(s): able Solvents: Reactive Metal (Lithium): ous Ammonia: trace hloric Acid Gas Generator(s): 1 ve Acid: ve Base: tem and location):	ir, etc)	
Ycs No *If ycs, fax re	er age 18 discovered (check one) (number present) port to Child Protective Services t is to be faxed to the following ager	☐ Ephedrine ☐ Retail/Me ☐ Other:	
	ment: Tell-City F.D	Fax: (812)	
_	artment: Perry Co.	Fax: (812)	<u>547-0415</u>
_	ction Service:	Fax:	
	information regarding this methamph g Officer: <u>Magill</u> Pho	etamine laboratory, co ne (812) 482-1441	ontact

- ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scone processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.